# MARLBORO VAN PROGRAM 1995

## PARTICIPATION FORM

### ACCOUNT INFORMATION

Store Name : _____

Address: _____

City/State: _____

Store Phone #: (  ) _____ Contact Name: _____

Retail Control #: _____

Store CPW: _____ (150 + CPW)

Outlet: Pack _____ Carton _____ Mega (800+CPW) _____

Directions To Retail Account (Major Crossroads/Highways)

_____

_____

### EVENT INFORMATION

Van #: _____

Store Event Date: _____

Hours: Start: _____ End: _____

Powerforce Authorized to Place: (Check Applicable Boxes)

C/B Overlay: _____ Banner: _____ Change Mat: _____

Pennant Rope: _____ 20 Deal Lighter (Pack/Ctn Only) _____
(Mega Outlets Excluded)

Advance POS to arrive on: _____

### TSM INFORMATION

Territory #: _____

### EVENT CHECK LIST

_____ Product Pre-Booked For Event (Plus 8 Ctns. for Lighter display if applicable)

_____ Permits Obtained Where Applicable

_____ Advance POS to be Placed on (date) _____

_____ Location Not Within 500 Feet of School, Playground, etc.

_____ Inside Kiosk Needed Due to School, Playground, etc.

_____ _____

RETAILER AUTHORIZATION DATE PHILIP MORRIS MANAGER DATE

WHITE COPY-RETAILER YELLOW COPY-POWERFORCE PINK COPY-PM MANAGER

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